Under the Peperwork Reduction Act of 1995, no persons are required to respond to a contection of information unless & displays a vasid OMB control number. PTO/SB/0(12-04) U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Substitute for Form PTO-876 Application or Docket Number Effective December 8, 2004 APPLICATION AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY OTHER THAN OR SMALL ENTITY FOR NUMBER FRED NUMBER EXTRA BASIC FEE RATE (T) FEE O (3) CFR 1.16(0), (b), or (c)) NA RATE (\$ N/A NA SEARCH FEE 150.00 NA 300.00 (3) CFR 1 16(14) (1) ox (m)) · N/A NIA. - NA

EXMUNATION FEE \$250 NIA (1) CFR 1.16(0). (p) or (a)) \$500 NA N/A NVA TOTAL CLAIMS **\$100** NIA \$200 (37 OFR 1.16(1) minus 20 a X\$ 25 INDEPENDENT CLAIMS X\$50 OR. (37 OFF! 1.16(N) minus 3 e X100 If the specification and drawings exceed 100 X200 APPLICATION SIZE sheets of paper, the application size fee due Is \$250 (\$125 for small entity) for each (37 CPR 1.16(6)) additional 50 sheets or traction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(II) +180= +360= ". If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Cotumn 3) OTHER THAN SMALL ENTITY OR CLAIMS HIGHEST SMALL ENTITY REMAINING NUMBER PRESENT AFTER RATE (1) ENDMENT 101 PREVIOUSLY ADDI-**EXTRA** RATE (\$) AMENDMENT THONAL ADOL DI CER LACIL PAID FOR FEE (1) TIONAL FEE (1) X\$ 25 Andependent AT CFR 1.166H X\$50 Minus. OR a X100 Application Size Fee (37 CFR 1.16(s)) X200 OB FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) +180= +360= OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE Column 11 ADDI-TIONAL FEE (1)

		(Column 1) CLAIMS	7	(Column 2)	(Column 3)			
AENDMENT B		REMAINING AFTER AMENOMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRÁ			
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\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Application Size Fee (37 CFR 1.16(s))							
	FIRST PRESENTATION OF ME THE CO.							
THE DEPENDENT CLAIM (37 CFR 1.100)								

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	X\$ 25 .		OR	X\$50	-
	X100 _		OR ·	X200	1
	+180=			.204	_
TOTAL.			OR +360=		
	ADD'L FEE		OR '	ADD'L FEE	

"If the entry in column 1 is less than the entry in column 2, write "of in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" (IN THIS SPACE is less than 3, enter "3.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 97 CFR 1.16. The information is required to obtain by retain a bareful by the public which is to file (and by the user) on preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of line you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the smound of this you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Continence, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.